

**2014 Group Retiree:
Tufts Medicare Preferred PDP Plus
Plan Highlight Sheet**

**TUFTS  Health Plan
Medicare Preferred**

2014 Partial List of Benefit Allowances and Member Cost Sharing

Effective January 1, 2014 – December 31, 2014

Please refer to the **2014 Group Retiree PDP Plus Summary of Benefits** booklet for further information.

PREMIUMS

Plan Premium See your employer for premium amount.

SERVICE AREA

Residence Members can live anywhere in the United States, including Puerto Rico.

COPAYMENTS

Prescription Drug Coverage

NOTE: See Comprehensive Formulary for limitations and exclusions

\$0 Deductible; No annual dollar limit on prescriptions

Initial Coverage Stage

You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total \$2,850.

You pay the following copayments:

Retail Pharmacy	Tier 1	Tier 2	Tier 3
30-day supply	\$10	\$20	\$35
60-day supply	\$20	\$40	\$70
90-day supply	\$30	\$60	\$105
Mail-Order	Tier 1	Tier 2	Tier 3
30-day supply	\$7	\$13	\$23
60-day supply	\$14	\$27	\$47
90-day supply	\$20	\$40	\$70

Coverage Gap Stage

This stage begins when your total drug costs reach \$2,850 and ends when your out-of-pocket costs reach \$4,550. (1) For generic drugs on cost sharing Tier 1 and Tier 2, you pay the cost sharing Tier 1 and Tier 2 copayments. (2) For brand name drugs, you are covered for enhanced pharmacy coverage by a “wrap” plan. This accompanies your PDP prescription drug coverage. You pay brand name Tier 2 and Tier 3 copayments. The 50% manufacturer’s discount is applied to the brand name drug. (3) Your wrap coverage will pay the balance of the cost of the brand name drugs until you move into the catastrophic stage. Both your copayments and the 50% manufacturer’s discount on brand name drugs will count towards your out-of-pocket costs.

Over, please

COPAYMENTS (CONTINUED)

Prescription Drug Coverage

NOTE: See Comprehensive Formulary for limitations and exclusions

Catastrophic Coverage Stage

After your annual out-of-pocket costs reach \$4,550, you pay the following for your prescription drugs:

- \$2.55 per prescription for generic drugs (including brand drugs treated like generics) and
- \$6.35 per prescription for brand drugs

Tufts Health Plan Medicare Preferred is a PDP plan with a Medicare contract. Enrollment in Tufts Health Plan Medicare Preferred depends on contract renewal.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/coinsurance may change on January 1 of each year.

This information is available for free in other languages. Please contact our Customer Relations number at 1-800-701-9000 for additional information.

Esta información está disponible sin costo en otros idiomas. Para obtener más información, comuníquese a nuestro número de relaciones al cliente al 1-800-701-9000.